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## BIB DATA SHEET

CONFIRMATION NO. 3729

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/563,818    | 01/06/2006<br>RULE    | 435   | 1637           | 283148US0PCT        |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP04/10722 07/28/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2003-281937 07/29/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

08/03/2007

| Foreign Priority claimed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--|---|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |                 |              |                    |
| Verified and<br>/TERESA E<br>STRZELECKA/<br>Examiner's Signature | <input type="checkbox"/> Met after<br>Allowance<br>/TS/<br>Initials | JAPAN            | 1               | 22           | 5                  |
| Acknowledged   |   |                  |                 |              |                    |

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**TITLE**

Method of Judging Risk for Onset of Drug-Induced Granulocytopenia

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1400 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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